mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE	OF MARYLAND-	-CERTIFICATE	OF DEATH
		(F)	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10272	
1. PLACE OF DEATH	59	
County Workell	Registration Dist. No. 30/	
Village or City Seas Snow / fell	No. St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)	ird
	ds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME y Egges Ryers		
(a) Residence: No Snow Hill	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	Colomb
PERSONAL AND STATISTICAL PARTICULARS  3, SEX 4. COLOR OR RACE 5. STRGBE, MARRIED, WIDOWED,	21. DATE OF DEATH	_
5. SINGHE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	September 1937 (Month) (Day) (Year)	
5a. tf married, widowed, or divorced HUSBAND of (or) WIFE of Carabh Cases	22. OHEREBY CERTIFY hat Pattended degreesed fr	rom
	9/8/3/7 10/19	-14
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw harmer elive on , 19 ; death is s	aig
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade profession or particular	were as follows:  Date of one	set
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Scabelos Mellitus	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and the state of		
10. Date deceased last worked at this occupation (month and pure part)		
12. BIRTHPLACE (city or town) Drangland.	Other Contributor Cause of mpoplanes itter 104	W
(State or country)	Venain Hectoris 191	/
II 13. NAME L'even force		
13. NAME Zoon Price 14. BIRTHPLACE (city or town) Many land'	Neme of operation Date of What test confirmed diagnosts derived Was there an autopsyl	0
15. MAIDEN NAME PLOO and Broker	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Ploant Breling  16. BIRTHPLACE (city or town) les anyland  (State or country)	Accident, suicide, or homicide?	
9-11 0-0x-	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT (Address Samuel Hell #	Specify whether injury occurred in the source, in front, or in robeto 1 EAGE,	
18. BURIAL OREMATION OF BEMOTAL  Date Sept. 10 1937	Manner of injury	
19. UNDERTAKED JEGSTIL + Maria	24. Was disease or injury in any way retated to occupation of deceased?	
20, FILED 9/9/, 1937 LECOY Secret	tf so, specify (Signed) (Signed)	n. D.
Registrar.	(Address) JNUUNTUL JII	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
prigozii V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	<del>*</del>			

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u></u>
County Manuell	Registration Dist. No. 350
Village or City Hocemoke Cets R. 7. DAT	NoSt Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
6.1 m on //	240
2. FULL NAME Plue 1. 9 allay	If U. S. Veteran, specify WAR.
(a) Residence (Not Compale Will Manual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COFOR OR RACE 5. SINGER, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Dey) (Yéar)
HUSBANO of (or) WIFE of	25   HEREBY CERTIFY, That I attended deceased from
1 1 1 13-11	17 ch 1927 6 24 / 745 , 19.27
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Oays If LESS than	I last sew han alive on Okful, 19.5.7, death is said
1 day,hrs,	to have occurred on the date stated above, at  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
2 , 0 ormln.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business In which work was done, es SILK MILL.	Drafetis
0 10. Date deceased lest worked at 11 Total time (years)	
this occupation (month and yeer) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Courses of importance:
(State or country) Many (State or country)	
13. NAME James Ballarch	,
14. BIRTHPLAGE (city or town)	Name of operation
(State of country) Mayllane	What test confirmed diagnosis (New York Westhere an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
To 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury, 19
E (State or country)	Where did Injury occur?
17. INFORMANT James Balland (Address) James Commisse Cate 200 Rot Of	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Inscoulable Con teal Date Sept. 20 1937	- Nature of injury
19. UNDERTAKER Searney Ale	24. Was disease or injury in any way eleted to occupation of deceased?
(Address) shoe, SER 2011	If so, specify
20. FILED Sept 20, 1937 aun Fon White	(Signed) 1, 6° Allower y M. C
Registrar.	(Address) property leg Ind
If more blanks are needed, address State Registrar	2411 N. Charles Street, pallimore, Requesting U. S. No. 1

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	Professional Contraction of the	Example II		
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis OCT 5 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

## STATE OF MARYLAND—CERTIFICATE OF DEATH

should state RECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANEN properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be pe CAUSE OF DEATH in plain terms, so that it may B.—WRITE PLAINLY, ż

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	(73)
County // MCSSW	Registration Dist. No. 350
Village or City Cooncope City B. Ful	为 No. St., Ward
L/d (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurred	ds. How long in U.S. if of foreign birth?dsdsds.
2. FULL NAME Clango d. Blades	If U. S. Veteran, specify WAR
(a) Residence: No. Ocomobe Cety	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write) he word)	21. DATE OF DEATH
Male Male Married	(Month) 16 Or 17 th., 193
Ba. If marriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Chune (43 lacks)	19 to 19
6. DATE OF BIRTH (month, day, and year) Math 20 - 1870	Hast saw him Dead Sept. 17 19 37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
67 3 26 1day,hrs.	The PRINCIPAL CAUSE OF DEATHLAND celated causes of importance were as follows:
8. Trade profession or particular	Tt is the opinion of the coroners
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)	jury that Alonza L. Blades came to h
9. Industry or business in which work was dona, as SILK MILL,	death through two bullet wounds
SAW MILL, BANK, etc. 11. Total time (years)	fired from the hand of some person
10. Date deceased last worked at this occupation (month ent) 11. Total time (years) spant in this years)	or persons unknown other than his
yaar) Occupation of America	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	own and we recomend that the State
(State or country)	and county authorities make further
13. NAME // MILLOSHY (A FLOORES)	investigations.
13. NAME // COLLAGE (city or town) A Stander	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Munth Filehard  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? HomicideDate of injury, 19
(Stata or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT / Janvein Kalades)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Pocomphe City Mg	in Woods
18. BURIAL CREMATION OF REMOVAL Date Sept. 19 1937	Manner of injury bullet holes in neck  Nature of injury
Henry A	
19. UNDERTAKER Commonle Cital	24. Was disaase or Injury in any way related to occupation of deceased? NO
011201111111111111111111111111111111111	(Signed) What J. Reley J. Peace, acting M. D.
20. FILED DERt. 20, 1937 Mine Co. Stille Registrar.	(Signed) Pocomoke City Cororne
Registrar.	(voniess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of of importance were as for	leath and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	007 5 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrit	is	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago	
	And the second section of the section	The second secon			
Other contributory caus	es of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH
DEATH			100		

1	. PLACE OF DEAT	ГН	^		- शिव
	County &	, well	Noice	oler	Registration Dist. No. 355
	Village or City	Shi	well	2	No. St Ward
1	7 mago or ong				death occurred in a hospital or institution, give its NAME instead of street and number)
1	Length of residence in cit	ty or town where d	eeth occurred	yrs,mos	ds. How long In U.S. If of foreign birth?yrsmosds.
2	FULL NAME	Sar	alu (13)	utting	If U. S. Veteran, specify WAR
	(a) Residence: No.	Sh	, 00	1 200	St Ward.
	(a) Residence. No	3-1-1	(Usual place of	abode)	If nonresident give city or town and State
	PERSONAL AN	D STATISTI	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
1	SEX 4. COLO	R OR RACE	5. SINGLE, MARR OR DIVORCED	IED, WfDOWED, (write the word)	21. DATE OF DEATH  2 193 3 7
5e.	If married, widowad, or divo	rced			(Month) (Day) (Yeer)
	HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That i attended deceesed from
			0		ang 31 1937, to ang 31 , 1937
6.	DATE OF BIRTH (month, day	, end yeer) (e	Moren	1932	1 lest saw have elive on 3,1,19,3,7; deeth is sald
7. /	AGE Years	Months	Deys	If LESS than	to have occurred on the date stated above, at 6.4m.
	3-	V		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
NO	8. Trade, profession, or pa kind of work dona, SAWYER, BOOKKEE	es SPINNER.	~		Cembal hemorbage any with
OCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK, e	which	~		
220	10. Date deceased last wor this occupation (more	kad at		In this	
-	yeer)	<b>&gt;</b> -	occup	etion	Other Contributory Causes of Importance:
12.	BIRTHPLACE (city or town)	Ma	rylan	٠ :	
	(Stete or country)	10:			
158	13. NAME Jaco	4 /2m	thugh	un	
FATHER	14. BIRTHPLACE (city or to	wn) Dr	ryla	1	Neme of operation Date of
_	(Stata or country)		- 0	,	Whet test confirmed diegnosis?
MOTHER	15. MAIDEN NAME VA	ranu	a au	drews.	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
110	16. BIRTHPLACE (city or to	wn) Jis	anni		Accident, suicide, or homicida? Date of injury, 19
×	(State or country)	,	T .		Where did injury occur?
17.	INFORMANT Jac	you Br	utting	Que l	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR F	EMOVAL	ans	ma,	Manner of Injury
	Place Purnell	cem-	Date Sent	4 ,1937	Neture of Injury
	^	1		,	
19.	UNDERTAKER	, W.	with	- Ja	24. Was disease or Injury In eny wey related to occupetion of daceesad?
_	(Address)	1 20	rlui	ond.	If so, specify
20.	FILED 9-4-	1997 JR	len 9.	Haywa	(Signed) Seleve M. D. (Address) Beleve M. D.

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Example I	I fi	Example II	
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Chronic interstitial nephritis OCT	1921	Run over by street car	1 week ago
Cerebral hemorrhage S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED

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BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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If more blanks are needed, address State Regisfrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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OCT 4 1992				
Other contributory causes of importance:	S.	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING

FOR

MARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be -WRITE PLAMLY,

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County le decle	Registration Dist. No. 35/
Village or City Mar Amend It les	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Daved W. Han	If U. S. Veteran, specify WAR
(a) Residence: No. Aur Hill Man Ry II. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Levello 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH SEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rame I Hameock	22. New 13 137 That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1863 Self 1	I last saw has alive on Oug 29 , 193 ; death is said
7. AGE Years Months Days if LESS than 1 day,	to have occurred on the date stated above, at LL-4224m.
74 - 18 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc	Brigh Dies
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was dona, as SILK MILL. SAW MILL, BANK, etc	Cardine Continue
9. Industry or business in which work was done, as SILK MILL, #	The state of the s
O 10. Oate decaased last worked at this occupation (month and the year)  11. Total tima (years) spant in this occupation coupation	
12. BIRTHPLACE (city or town) Dangland	Other Contributory Causes of Importance:
(State or country)	
14. BIRTHPLACE (city or town) DOWN 15.000	
14. BIRTHPLACE (city or town) Down / 12200 (Stata or country)	Name of operation
(State of Country)	What tast confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME SONT STROWN  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Donk Andrew (Stata or country)	Accident, suicide, or homicide? Date of injury, 19
and de al la visas	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT A CONTROL CONTROL (Address) And an Amoust Half	Specify whether injury occurred in INDOSTRT, IN HOME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of Injury
Place Level Date Date 21 193/	Nature of injury
19. UNDERTAKER Polonie state (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 9/20, 1937 REDS Scetch. Registrar.	(Signed) And M.D.  (Address) Division Full, Fund
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
CONTAG V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	23
County Wareister	Registration Dist. No. 355
Village or City Berlin and.	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S.If of foreign birth?
2. FULL NAME Edward B. Her	LY If U. S. Veteran, specify WAR
(a) Residence: No. / Gerling md.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED francie the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sabela Henry	22. I HEREBY CERTIFY. They stended decessed from
6. DATE OF BIRTH (month, day, end yeer)	Mast saw h . elive on . Selft 34, 19/93 Reath Is seld
7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, etm'.
39 10 6 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were es follows:
8. Trede, profession, or particular kind of work done, es SPINNER,	Leute Majo carde tes 2 dans
SAWYER, BOOKKEEPER, etc.	rewe py caraces totals
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased last worked et this occupation (month and)	
10. Dete deceased last worked et this occupetion (month and yeer)	
12. BIRTHPLACE (city or town)	Cellum any Juhral un 4'an
(Stete or country)	
13. NAME I Thu W. Henry	
13. NAME Thu W. Janey  14. BIRTHPLACE (city or town)	Neme of operation Dete of
(Create of Country)	Whet test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Musy Christopher  16. BIRTHPLACE (city or town)	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Md.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Manner of Injury
Place Dullin And Date Mmt. 261937	Neture of Injury
19. UNDERTAKER J. W. Bushage	24. Wes disease or injury In eny way related to occupation of deceesed?
(Address) / Bulling Had	If so, specify
20. FILED 9-26 , 1997 Helan J. Hayward	(Signed) (Address) (Address) (Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			L	

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	CARREL OF BEATT
County Marcester	Registration Dist. No. 3
Village or City	ND. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Botton (bould)	Mr)
2. FULL NAME CHANGE THE THE THE THE THE THE THE THE THE TH	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR/OR/RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighte word)	21. DATE OF DEATH (Month) (Day) (Vear)
A. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 15 - 1908	I last saw h alive on 19 00000000000000000000000000000000000
7. AGE Years Months Deys If LESS than 1 day,hrs.	to heve occurred on the dete stated above, atm.
29 3 d ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc	machine of Spull 9/2
SAW MILL, BANK, etc	Deceased was found dead, on the 1/2/3.
10. Date deceased last worked at this occupation (prophene 937) spent in this year) occupation.	Thighway. Struck by a motor reside.
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	Orlii P + 0 1/2 0 00
I 13. NAME JOSEPH JOSEPH	Only injury was fracture of the skull.
13. NAME  14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State or country)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME (Ensured of annuand	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? L. Co. Date of Injury 7/1-1-10-3-7
(State or country)	Where did injury occur?
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
18. BURIAL - GREMATION OR REMOVAL	Menner of injury Anadu A Skull
Plans F. UM SUCCESM Date DINT: 15, 193.7	Neture of injury stonele by a hit-and-run driver!
19, UNDERTAKER ABOUTURE & Decree	24. Was disease of injury in any wey related to occupation of deceased?
(Address) A OW AMILE MAN	If so, specify
20. FILED Sift. 15, 1937 May m. Tus las Registrar.	(Signed) M. D. (Address) (Signed) M. D.
If more blanks are needed, address State Registrar, :	1411 N. Charles Street, Baltimore Requesting D. L. N. Charles Street, Baltimore Requesting D. Charles Street, Baltimore Republication D. Charles Street, Baltimore Republicat

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MAN COMMENT				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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LION

BINDING

MARGIN RESERVED

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 352 (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. If U. S. Veteran, specify WAR. (a) Residence: No PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEAT OR DIVORCED (write the word) 5e. If merried, widowed, or divorced HUSBAND of I HEREBY CERTIFY, Thet i ettanded decaased from (or) WIFE of ----, 19----, to-----, 19-----6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months Days if LESS then 1 dey,\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance Date of enset 8 Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc...-OCCUPATION 9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc..\_\_\_\_ 10. Date deceasad last worked et 11. Totel time (years) spent in this this occupation (month and occupation \_\_\_ Other Contributory Causes of importanca: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). Nema of operation.... (Stete or country) MOTHER 15. MAIDEN NAME 23. If death was due to external ceuses (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) (Steta or country) Where did injury occur?\_\_\_\_ (Specify eity or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of Injury\_ 24. Wes diseesa or injury in any way related to occupetion of dece 19. UNDERTAKER if so, specify\_

Registrar.

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WIREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

# STATE OF MARYLAND-CERTIFICATE OF DEATH

10283

1. PLACE OF DEATH	
County Warrester	Registration Dist. No. 312
	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
m 11/11	
(a) Residence: No. Bulin md.	If U. S. Veteran, specify WAR
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	ff nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Hunale 20 OR DIVORCED (write the word)	Jaff 13 7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	I HEREBY CERTIEY, That rattended deceased from
6. DATE OF BIRTH (month, day, and year) Alch. 16. 18787	f fast any file alive on Off 1997, 1
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
60 3- 29 Iday,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	The 1- Caldward 110
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	To domek 9
10. Date deceased last worked at this occupation (month and year)	Referber Hookstop
12. BIRTHPLACE (city or town) Rollingue	Other Contributory Causes of Importance:
(State or country)	- Comack )
H. Is. WANTE Stelly I shall	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date
E IS. MAIDEN NAME	What test confirmed diagnosis?
15. MAIDEN NAME Ane My 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Jaraey Lynch (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place & Dullin Med Date Sept 1 4, 1903	Nature of injury.
19. UNDERTAKER LU Burtage	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 9917 1937 L.S.M uniford Registrar.	(Signed) Journal M.D.  (Address Decom Call Hy)
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Ex	ample DEIVE	DI	Example II	
The principal cause of deat of importance were as followarteriosclerosis	h and related source	Date of buset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	RUDEAU V.	5 . 1921	Run over by street car	1 week ago
Cerebral hemorrhage		July5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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# STATE OF MADVI AND CEDTIFICATE OF DEATH

ould state	1. PLACE OF DEATH	CERTIFICATE OF DEATH
ld ld	County Warsester &.	Registration Dist. No. 317
should of	Village or City Wellhouse Wol	No. St. Ward
= 0	(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
> 02 -13		ds. How long in U.S. if of foreign birth?mosds.
(D. Every YSICIANS	2. FULL NAME Dearge Charles Mans	Kall If U. S. Veteran, specify WAR
rSIG	(a) Residence: No. Willaune (M)	St.,Ward.
	(Usual place of abode)	If nonresident give city or town and State
TREC.	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
, p	OR DIVORCED (write the word)	21. DATE OF DEATH
TT.	male Colord single	(Month) (Oay) (Year)
MANEN ACTL	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended decoased from
ND RMA X A class	(0) 1112 01	, 19, to, 19, 19
	6. DATE OF BIRTH (month, day, and year) W. W. 1, 1918	I last saw h; death is said
R P	7. AGE Years Months Days If LESS than	to have occurred on the dete steted ebove, etm.
FOR B. IS A PE stated E properly certificate	19 6 /8 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 10	Trade profession or particular	no physician in attribuse
RESERVED G INK—THIS GE should be that it may be ons on back of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  Jindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  O Date deceased last worked at this occupation (month and	at line of death, His
RVI could may back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Consulted a doctor services
INK—T should t it may on back	O. Date deceased last worked at 11. Total time (years)	montes privious Chronic Caugh
RES VG IN AGE that i	this occupation (month and spent in this occupation occupation	granully great weaker supported
Z ~0	Silva Vo	Other Contributory Candro of Importance: tuluculder
ADING AGE, so the ructions	12. BIRTHPLACE (city or town) CCV Cv	
NFADING pplied. AGI erms, so tha	13. NAME Otis Marshall.	
	14. BIRTHPLACE (city or town) Hew Church, V9	Name of operation Oate of
	14. BIRTHPLACE (city or town) 4-ew Chuck, Vq (State or country) acc Cv	What test confirmed diagnosis? Was there an autopsy?
X, WITH carefully H in pla	15. MAIDEN NAME Rosa Wise.	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
be careful EATH in primportant.	15. MAIDEN NAME Rosa Wise,  16. BIRTHPLACE (city or town) Wellvourance, Mal	Accident, suicide, or homicide?
PLANTY, hould be car OF DEATH very import	State or country)	Where did injury occur?
be be imp	Russ Marchael	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
Should OF D	17. INFORMANT (Address) WISIA annu MI	opens, make the property in House, of the opens of Ende
Sho Sho	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
ITE on SE SE	Place Warslam Date Deft 21, 19737	
-WRITE mation sl CAUSE of	19. UNDERTAKER A. 9. Whields	24. Was disease or injury in any way related to occupation of deceased?
TCB T	(Addiess) Hew Chuck, W	If so, specify
S. No. 1	20. FILED Dest 21, 1937 mary m. Turn by	(Signed) May M. Tayler, Loran lyphin
> Z( / )	20. FILED Registrar.	(Address) Stocken Mml.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal eause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	cample I	-/1	Example II	
The principal cause of dear of importance were as follo	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT 5 2001	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago
L				
Other contributory causes	of importance:	وم.	Other contributory eauses of importance:	1 7
Gallstones		May 1,1923	Gastroenteritis .	1 year
		1 p.		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1028.	5
1. PLACE OF DEATH	(22)	
County Worceslev	Registration Dist. No. 250	
Village or City Polomoke City	NoSt.,V	Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?yrsmos	de
Will' Note:	A N.	03,
2. FULL NAME William Sarrolles	If U. S. Veteran, specify WAR	
(a) Residence: No. Tocomohe Cly Maley	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR/OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
Male White De DivorceD (white the word)	Dept. 30, 1937	
56. If merriad, widowed, or divorcad	(Month) (Day) (Year	1)
HUSBAND of (or) WIFE of Acres Of Manual Control	22.   HEREBY CERTIFY, That I attanded deceased	from
Alle d'antonio	, lept 10, 1937, to Sept 30, 19.	2/
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 1991; death is	s sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
8-6051 0 2-8 /S or min.	were as follows:	onset
8 Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		
SAWYER, BOOKKEEPER, etc.	Pyrlo nephritis ave	ral
work was done, as SILK MILL, SAW MILL, BANK, atc.	460	
10. Data decaased last worked at this occupation (manual and specific specific this occupation (manual and specific specific this specific thi	- ag	M-1
yaar)	Other Coutributary Causes of importance;	
12. BIRTHPLACE (city or town)	Cheratians for slave in bladden	
(State or country) Alyginia	and Enlarged Frostate	
13. NAME George Sartorius	twelve years ago -	
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country) Germany	What test confirmed diagnosis? Was there an au'opsy?	
15. MAIDEN NAME Georgana Barnes	23. If death was due to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Data of injury, 19_	
E (State or country) Undima	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT Dr. M. C. Dartonus (Address) Poe amobe City mg	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL CREMATION, OR REMOVAL  Place M. L. Comp. Vocal Date CCT. 2 , 1937	Manner of injury	*****
19. UNDERTAKER Learne & Dennish	24. Was diseasa or injury in any way related to occupation of decaasad?	
20. FILED Oct 2 1937 aline & Shite Registrar.	(Signed) A Banky Cy - We	M D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis OCT 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUKEAU V. S. 1	July 5,1927	Peritonitis	3 days ago
has represented the second sec			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis -	1 year

ADDITIONAL	SPACE FOR FURT	HER STATEMENTS BY PHYSICI	IAN /
De letter filed	10 21/37.	under Sarlonus	To Change date
enl 190./16.	1-1-		
10			

MARGIN RESERVED FOR BINDING

-WRITE PL.

1. PLACE OF DEATH	89:20
County Worcester	Registration Dist. No. 35/
Village of the Amore Hill P. 7. D. 2	No. St. Ward
though Ridge	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence is city of own where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Yenora Smuller	/If U. S. Veteran, specify WAR
	St., Ward.
(Usual piace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL/CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Steplembel 12 193 7
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of Cory WIFE of Parille To	22. I MEREBY CERTIFY, That I attended deceased from
Praction Stammen	, 19, 19, 19,
6. DATE OF BIRTH (month, day, and year)	1 last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, atm.  The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
16 // Ormin.	wera as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	NO DE LE allerania
9. Ipdustry or business in which	and office as arrived.
work was done, as SILK MILL, SAW MILL, BANK, etc.	seed flataindala paralysis.
10. Date deceased last worked at this occupation (month and spent in this	Free Englose mobably agettion
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	stroke was cause of dooth.
(State or country)	
13. NAME # Slow # 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (cily or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)  (State or gountry)	Accident, suicide, or homicide?
William Hall Wi	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE
(Address) (A and T ill and P. 7. D	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Jon, en. Oate Sept. 14, 1937	Nature of injury
10 HOPPANED 2/10 Page 11 10 10	24. Was disease or injury in any way related to occupation of deceased?
19. UNOEBYAKER FLAMMENT LILL MO	If so, specify
20. FILED 9/13 1937 EROS Swith.	(Signed) RELOY Secret & Plat 761
20. FILED 19.0 Registrar.	(Address) Stear Hill mal

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	and a	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ullstones	May 1,1923	Gastroenteritis	1 year
ADDITIO	NAL SPACE FOR FURTH	ER STATEMENTS BY PHYSIC	IAN

# stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Marcestis	Registration Dist. No. 355
Village or City Buling and	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. II of foreign birth?
71 . 111	
2. FULL NAME / Surger Mal	If U. S. Veteran, specify WAR
(a) Residence: No. Administration (Usual place of abode)	// St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (price the word)	21. DATE OF DEATH  (Mg/th)  (Day)  (Year)
5a. If metried, widowed, or divorced HUSBAND of Cor) WIFE of The Whaley	22.   HEREBY CERTIFY, That   attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Am. 26. 1853	I last saw h; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
84 6 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, prolession, or particular kind ol work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
kind oil work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	June
SAW MILL, BANK, etc.	
year) occupetion	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Chr. rethritis
	2000
H TO THE TOTAL TO THE TOTAL TO	Neme ol operetion
14. BIRTHPLACE (city or town) (State or country)	Whet test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Lasah Ill hales	23. Il death wes due to external causes (VIOLENCE) fill in also the lollowing:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Dete of injury, 19
S (State or country)	Where dld injury occur?
17. INFORMANT Stray The Stray of Address of the Stray of	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner ol injury
Place J. J. Will M. Date Supet, 4, 19.00	Nature of injury
19. UNDERTAKER 1. N. Bysskag	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Bulling	Il so, specily
20, FILED 965- 1997 Nelen J. Haywa	(Signed) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

-WRITE PL.

B

MARGIN RESERVED FOR BINDING

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
musall V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
--	------------	-------	-----	---------	------------	----	----------	---

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

N. B.—WRITE PD

	186-73
County Norcetter	Registration Dist. No. $\sqrt[3]{V}$
Village or City Ocean Cely	No. St Wa
Length of residence In city of town where death occurred 16 yrsmo	If death occurred in a hospital or institution, give its NAME instead of street and number) os
411 11900 11/2	
2. FULL NAME A LOYA	Mams
(a) Residence: No. 10. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
male White Manney	Veft 19 193 7
5a If married widowed or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased f
may frement	111 19 19 18
6. DATE OF BIRTH (month, day, and year) Leb 29, 1880	I last saw h alive on John 19,99 ; death is
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, 42-24-m.
56 5 19 1 day,hrs	ware as follows: OF DEATH and letated causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of Date of
SAWYER, BOOKKEEPER, etc.	Defrareles.
work was done as SITK MILL	Tree Lell on him, basaking his back;
SAW MILL, BANK, etc. 11. Total time (years)	reculting in paralysis below point of injury
this occupation (month and 1917 spent in this year)	Can R.
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Later Of Coffee Coffee
I 13. NAME King Williams	0/2
I F	Hust of Bal A Rosa
14. BIRTHPLACE (city or town) (State or country)	Marine of operation Date of Date of
	What test confirmed diagnosis?
15. MAIDEN NAME Condition Hambles	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)   (State or country)	Accident, suicide, or homicide?
Da (State of Country)	Where did injury occur? nearl Ocean Oity . Where ster County . md. (Specify dity or town, county and Stafe)
17. INFORMANT Value VIlliamy	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cacasal City, Mad.  18. BURIAL, CREMATION OR REMOVAL.	In woods, an farm on which he lived
Place Addling will Marie Sutt 20 1933	Manner of Injury Theat fell on him.
Allegar Jack	Nature of injury
19. UNOERTAKER M. Paspa Mallon	24. Was disease or injury in any way related to occupation of deceased?
	If so, specify
(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, nuining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis 1 1937	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage   BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	